

STATE EMPLOYEES' DEFERRED COMPENSATION PLAN ENROLLMENT FORM

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD/TTY 1-800/526-0844.

Last Name	First	Middle Initial	Social Security Number	Date of Birth
Street		City/State		Zip Code
Agency or University			Office Phone Number ()	Home Phone Number ()
Work Address			Payroll Code No. _____ (See your pay stub)	
SECTION A: TRANSACTION TYPE - Check appropriate box. <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Re-enrollment of a Former Participant				
SECTION B: AMOUNT OF DEFERRAL - The minimum amount of deferral is \$10 per pay period or \$20 per month, whichever is greater. Indicate the amount to be deducted from each paycheck. Deferrals can begin no sooner than the first pay period of the next month. <input type="checkbox"/> I hereby elect to participate in the State Employees' Deferred Compensation Plan. I authorize the State of Illinois to defer from my total compensation \$ _____ each pay period until my termination, modification or revocation of this amount, effective the <input type="checkbox"/> first or <input type="checkbox"/> second pay period in _____. <div style="text-align: center;">(month) (year)</div>				
SECTION C: INVESTMENT REQUEST - Select one or a combination in which to invest your deferrals. The percentages must total 100% and must be in whole numbers with no fractions. I hereby request that my Deferred Compensation deferrals be invested in the following manner:				
These funds are one-step options that make it easy for you to invest for retirement. Simply choose the fund with a target date closest to the year in which you plan to retire and your funds will be managed for you. T. Rowe Price Retirement Funds: _____ % Retirement 2045 Fund/TRRKX _____ % Retirement 2040 Fund/TRRDX _____ % Retirement 2035 Fund/TRRJX _____ % Retirement 2030 Fund/TRRCX _____ % Retirement 2025 Fund/TRRHX _____ % Retirement 2020 Fund/TRRBX _____ % Retirement 2015 Fund/TRRGX _____ % Retirement 2010 Fund/TRRAX _____ % Retirement 2005 Fund/TRRFX _____ % Retirement Income Fund/TRRIX		These funds are the options if you want to select your own investment mix. _____ % Vanguard Prime Money Market Fund Inst. Shares/VMRXX (money market) _____ % Stable Return Fund (investment contracts) _____ % Vanguard Total Bond Market Index Fund Inst. Shares/VBTIX (bond index) _____ % T. Rowe Price New Income Fund/PRCIX (bonds) _____ % Fidelity Puritan Fund/FPURX (stocks & bonds) _____ % Vanguard Institutional Index Fund Inst. Plus Shares/VIIIX (stock index) _____ % Legg-Mason Value Trust/LMVFX (large-company stocks) _____ % LSV Value Equity/LSVEX (large-company stocks) _____ % Wells Fargo Large Company Growth Fund/NVLCX (large-company stocks) _____ % Columbia Acorn Fund/ACRNX (small-company stocks) _____ % Ariel Fund/ARGFX (stocks - social restrictions/advisor minority owned) _____ % T. Rowe Price International Stock Fund/PRITX (stocks outside U.S.) _____ % Northern Small Cap Value Fund/NOSGX (small-company stocks)		

READ THIS INFORMATION COMPLETELY BEFORE SIGNING

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, assignees, and successors from any liability for all acts in good faith.

SIGNATURE X _____ DATE _____

Send completed form to your Agency Liaison - or send directly to the Department of Central Management Services.

Liaison Name _____ Agency _____ Date _____ Phone No. _____	Approval of Deferred Compensation Office required before any transaction takes place. Date _____ By _____
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In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.